

State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712
Trenton, NJ 08625-0712

ELIZABETH CONNOLLY
Acting Commissioner

VALERIE HARR Director

Governor

KIM GUADAGNO

Lt. Governor

CHRIS CHRISTIE

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

M.A.G.

PETITIONER.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 09595-15

٧.

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

BERGEN COUNTY BOARD

OF SOCIAL SERVICES,

RESPONDENTS.

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the case file, the documents in evidence and the Initial Decision. No Exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to file a Final Agency Decision is September 28, 2015, in accordance with N.J.S.A.

52:14B-10, which requires and Agency Head to adopt, reject or modify the Initial Decision within 45 days of the agency's receipt. The Initial Decision was received on August 14, 2015.

I hereby ADOPT the Initial Decision affirming the termination of Family Care benefits. The undisputed evidence in the record indicates that Petitioner's monthly income exceeds the maximum income limit to qualify for this coverage. There is simply no authority that permits the relaxation or waiver of the income limits in any individual case.

THEREFORE, it is on this 4th day of SEPTEMBER 2015,

ORDERED:

That the Initial Decision AFFIRMING the denial of Family Care benefits based upon excess income is hereby ADOPTED as the Final Decision in this matter.

Valerie J. Harr, Director

Division of Medical Assistance

and Health Services